DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6078

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Butler

(b) City or town So Paplar Bluff (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BUTLER

(c) City or town POPLAR BLUFF (If outside city or town limits, write "RURAL")

(d) Street No. FRANKLIN ST (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ALVA GLADSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Josie Gladson

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec. (Month) 26 (Day) 1874 (Year)

8. AGE: Years 65 Months 3 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name James Gladson
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rebecca Eaton
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Josie Gladson

(b) Address Franklin St Paplar Bluff Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Black Creek Cem

18. (a) Signature of funeral director W. D. Phelps

(b) Address Paplar Bluff Mo

19. (a) 2/21/40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1940 hour 11 minute A M.

21. I hereby certify that I attended the deceased from 2/19, 1939, to 2/19, 1940, that I last saw him alive on Feb 5, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute heart failure	
Due to Chronic Myocarditis	
Due to	
Other conditions Albumina (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 C	
Of autopsy —	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? — (e) Means of injury

23. Signature J. Leg Harwell (M. D. or other)

Address Paplar Bluff Mo Date signed 2/21/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19811

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed N. P. Phelps

Licensed Embalmer No. 3231

P. O. Address Paplar Bluff M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.